


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

06-09-2004 90001 029 ****70.00

DOCUMENT # N97000005176

1. Entity Name
EPISCOPAL CHURCH OF THE NATIVITY, INC.



Principal Place of Business
 1151 S.W. DEL RIO BLVD
 PORT ST. LUCIE, FL 34953 US

Mailing Address
 1151 S.W. DEL RIO BLVD
 PORT ST. LUCIE, FL 34953 US

44046322



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03152004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
65-0785725

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WOLFE, PAUL D 1081 S.W. MOCKINGBIRD DR. PORT ST. LUCIE, FL 34986		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DV	<input type="checkbox"/> Delete		TITLE	DS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POWELL, KERRY T			NAME	KERRY T. POWELL		
STREET ADDRESS	2310 SW ANTIQUERA STREET			STREET ADDRESS	2334 S.W. ANTIQUERA ST.		
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953			CITY-ST-ZIP	PORT ST. LUCIE, FL 34953		
TITLE	D2V	<input checked="" type="checkbox"/> Delete		TITLE	DV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CHIBAS, GUIDO			NAME	RON HERMAN		
STREET ADDRESS	582 N.E. OLEANDER COURT			STREET ADDRESS	1260 SW BRIARWOOD		
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952			CITY-ST-ZIP	PORT ST. LUCIE, FL 34986		
TITLE	DS	<input checked="" type="checkbox"/> Delete		TITLE	D2V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DAVIS, CHEYRL			NAME	DENNIS ZEBOSKY		
STREET ADDRESS	461 S.E. DALVA AVENUE			STREET ADDRESS	3024 SE WAKE RD.		
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984			CITY-ST-ZIP	PORT ST. LUCIE, FL 34984		
TITLE	DT	<input type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ABRAHAMS, STANLEY			NAME	PAUL D. WOLFE		
STREET ADDRESS	1529 S.W. SANTANDER AVENUE			STREET ADDRESS	1081 SW MOCKINGBIRD DR.		
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953			CITY-ST-ZIP	PORT ST. LUCIE, FL 34986		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul D. Wolfe **Paul D. Wolfe** **3/15/04** **772 393 0901**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #